

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>dw</i>	<i>68904</i>	<i>9/27/02</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>MTW</i>	<i>SD</i>	<i>10-2-00</i>
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	<i>JM</i>	<i>JC 864</i>	<i>10-27-00</i>

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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